

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 23, 2002 8:00 am**  
**Secretary of State**

07-23-2002 90344 050 \*\*\*\*55.00

**DOCUMENT # L01000007781**

1. Entity Name  
**CARSON, BROWN & ASSOCIATES, LLC**

Principal Place of Business

Mailing Address

**2901 W. BUSCH BLVD., SUITE 206  
 TAMPA FL 33618**

**2901 W. BUSCH BLVD., SUITE 206  
 TAMPA FL 33618**

870875



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**2901 W BUSCH BLVD**

**2901 W Busch Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**206**

**206**

City & State

City & State

**TAMPA, FL**

**Tampa, FL**

4. FEI Number

**59-3713680**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33618**

**US**

**33618**

**US**

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WORTHINGTON, ANDREA  
 14016 LEMON VALLEY PLACE  
 TAMPA FL 33625**

Name  
**ANDREA WORTHINGTON**

Street Address (P.O. Box Number is Not Acceptable)  
**14016 Lemon Valley Pl**

City  
**Tampa**

FL

Zip Code  
**33625**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Andrea Worthington / ANDREA WORTHINGTON PRESIDENT 7/12/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PRESIDENT	ANDREA WORTHINGTON	14016 LEMON VALLEY PL	TAMPA FL 33625	<input type="checkbox"/>
TREASURER	DENNIS BUDA	744 Peachtree Lane	Boca Raton, FL 33486	<input type="checkbox"/>
VICE PRESIDENT	Bobbie Nader	5445 Winhawk Way	LUTZ FL 33558	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Andrea Worthington **SIGNATURE REQUIRED** ANDREA WORTHINGTON 7/12/02 813/932-3220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/02)